

**FOR COUNTY USE ONLY**

E	New	Vendor Code			Dept.	Contract Number		
M	<input checked="" type="checkbox"/> Change	DAVISRO842			SC	A	00-423 A-1	
X	Cancel							
County Department					Dept.	Orgn.	Contractor's License No.	
Behavioral Health					MLH	MLH		
County Department Contract Representative					Ph. Ext.		Amount of Contract	
Floyd Carson					(909) 387-7589		\$79,706	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number		
AAA	MLH	MLH	200	2445		10092830		
Commodity Code				Estimated Payment Total by Fiscal Year				
				FY	Amount	I/D	FY	
Project Name								
HOMELESS Fee For Service				00/01	\$23,496	I		

County of San Bernardino  
**F A S**  
**STANDARD CONTRACT**

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and  
Name

Davis Room and Board

hereinafter called Contractor

Address

P.O. Box 327

Patton, CA 92369

Phone

Birth Date

(909) 792-3252

Federal ID No. or Social Security No.

528-68-1842

**IT IS HEREBY AGREED AS FOLLOWS:**

*(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)*

IN THAT CERTAIN Agreement #00-423 between the County of San Bernardino, a political subdivision of the State of California, and Davis Room and Board, which Agreement first became effective July 1, 2000 the following changes are hereby made and agreed to:

I. Article III Performance Paragraph A. is hereby amended to read as follows:

Contractor shall provide 3,623 client days of semi-supervised living under this agreement for the period July 1, 2000 through June 30, 2001, which are further described in the attached Addendum I, to all persons requesting services within the County area served by the Contractor.

II. Article IV Funding Paragraphs B. is hereby amended to read as follows:

The maximum financial obligation of the County under this agreement is Seventy Nine Thousand Seven Hundred and Six dollars (\$79,706)

III. ADDENDUM I, Section I, Homeless Program Shelter Services Description of Services is hereby amended to read as follows:

In addition to basic room and board, the County will pay for Homeless Shelter Services (the cooperation and coordination of facility providers as described within this addendum). The County is receiving temporary Homeless Shelter Services from the following named Provider at the geographical location(s) indicated for the types of program(s) listed:

SERVICE PROVIDER: Judy Davis  
P.O Box 327  
Patton, CA 92369  
(909) 880-9441

LOCATION & PROGRAM: Davis Room and Board, (909) 888-9613  
7464 Sterling Avenue, San Bernardino, CA 92410

TYPE(S) OF PROGRAM: # of BED DAYS  
07/01/00 - 6/30/01

7 adult male beds	2,555
12 adult male beds	1,068
Total	3,623

- IV. This amendment replaces Schedule A, dated May 3, 2000, with revised Schedule A, dated March 13, 2001 which serves as the planning estimate for the funding described in Article I above.
- V. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

►  
FRED AGUIAR, Chairman, Board of Supervisors  
(State if corporation, company, etc.)

Dated \_\_\_\_\_ By ►  
(Authorized Signature)

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

Name \_\_\_\_\_  
(Please Print or Type)

Clerk of the Board of Supervisors of the County of San Bernardino.

Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

By \_\_\_\_\_  
Deputy

Approved as to Legal Form ► County Counsel Date _____	Reviewed as to Affirmative Action ► Date _____	Reviewed for Processing ► Agency Administrator/CAO Date _____
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